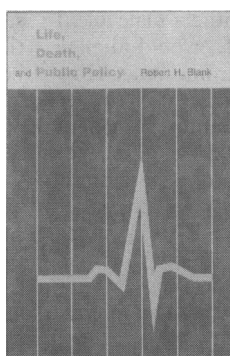


## Thorny decisions

**Life, Death, and Public Policy.** R H Blank. (Pp x+177; £20.25.) Illinois: Northern Illinois University Press, 1989. ISBN 0-87580-142-0.



The ethics and implications for public policy of biomedical innovations are never far from the news headlines in Western society. Legislators at Westminster are currently grappling with the question of how to set the permissible time limits for research using human embryos. The debate about the relative merits of voluntary, "required request," or presumed consent to organ donation rumbles on. Ethical problems abound in all areas of health care. The pervasiveness with which medical innovation impinges on our understanding of the nature of our humanity demands a comprehensive and continual intellectual response. For this reason alone Robert Blank's book is welcome. It can hardly be said, however, to make an original contribution, either towards improving our grasp of the issues at stake or towards advancing possible solutions.

Blank, an American political scientist from the University of Northern Illinois, endeavours to offer a review of the hard life and death dilemmas created by various biomedical innovations. His account is set specifically in the context of the American system of social values, with its claimed emphasis on individual rights and personal autonomy, together with the pluralist political structures of the United States and its unplanned organisation of health care. He rehearses the by now familiar problem of how society can best avoid the negative consequences of technologies while ensuring that the benefits are allocated fairly in a world of scarce resources. In so doing he conveys well the sense of continuing shock felt by Americans when they realise that health care cannot be dealt with as if it were exclusively a private, individual concern. If only for reasons of rising total costs, health care and its rationing are firmly in the public domain, Blank argues. This is scarcely news to us in Britain. He shows how unwilling his fellow Americans are to admit this and their capacity for ducking difficult regulatory decisions and decisions on allocation.

He selects for discussion technologies that affect all stages of the human lifecycle, from preconceptual testing for genetic disorders through reproductive interventions such as in vitro fertilisation, fetal surgery, neonatal intensive care, organ transplantation, and human experimentation to the use of life support at the end of life and the redefinition of death by science. Each of the four chapters covering the stages of the life cycle provides clear summaries of the technologies and their uses together with the medical, legal, and ethical issues at stake. Indeed, the whole book is written in accessible terms avoiding both medical and legal jargon.

Blank's presentation conveys the terrific burden borne by the courts in the United States in providing a common law substitute for explicit public policy making on many sensitive aspects of the application of medical science. The four chapters are particularly valuable for British readers for the way in which they summarise a large number of the less familiar American court cases. Useful summary description is, however, about as far as Blank seems prepared to go. This may be due in part to the fact that the book is designed as the introductory text in a series that is planned to deal with specific biomedical applications and the policy issues they generate. It may simply be an honest reflection of his inability to think of any specific solutions to the daunting problems he describes beyond a very general belief that, "Only the public sector has the

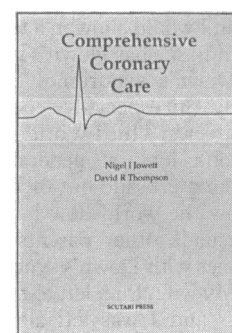
capacity to reorder spending priorities and guide society towards moderating its unrealistic expectations" (p 135). He puts great faith in a vague notion of the great and the good, together with enlightened, altruistic public officials, taking concerted action to tackle the thorny decisions that the rest of society has consistently avoided. How this is to come about he declines to tell us. There is no discussion of whether an alternative system of finance, delivery, or control of health services could offer any assistance either in rationing scarce health care resources or in shaping the development of new technologies. This is all the more strange bearing in mind the upsurge of interest in the past few years shown by health care experts and sections of the political élite (although not more widely, one suspects) in schemes for major reforms of the entire American health care system in the direction of some form of national health insurance.

All in all, there are better, more original books on how health systems face up to life or death issues in situations of scarcity, though few are so wide ranging. A recent book on the politics and allocation of treatment for end stage renal failure in the United Kingdom, which was written by another American political scientist, Thomas Halper, springs immediately to mind.<sup>1</sup>—NICHOLAS MAYS, *lecturer in medical sociology, department of community medicine, United Medical and Dental Schools of Guy's and St Thomas's Hospitals, London*

Halper T. *The misfortunes of others: end-stage renal disease in the United Kingdom.* Cambridge: Cambridge University Press, 1989.

## Drawn from life

**Comprehensive Coronary Care.** N I Jowett, D R Thompson. (Pp xi+388; £18.50 paperback.) Harrow: Scutari Press, 1989. ISBN 1-871364-05-1.



The advent of thrombolysis has given coronary care units throughout the country a new raison d'être, and the appearance of a further textbook in this specialty is timely. The authors—a senior registrar in medicine and a lecturer in nursing—are aiming the book at everyone in "cardiac intensive care," both doctors and nurses. In practice I think it is more likely one for nurses rather than doctors.

First impressions are good. The layout of chapters and the organisation of subheadings are clear, making quick access to topics easy. The line drawings are excellent, many coming from previous publications in the nursing press. The reproduction of electrocardiograms and chest radiographs is more variable but generally satisfactory.

Implicit in the title is the management of patients with coronary heart disease. By introducing the word "comprehensive," however, the authors have really produced a textbook of cardiology for nurses, and "Comprehensive Cardiac Care" would have been a more appropriate title. This produces some frustration for the reader eager to find out about the latest in coronary management, who has to plough through 125 pages of introduction, anatomy and physiology, and cardiac investigation first. Although much of this is relevant, much is not; ambulatory monitoring, exercise testing, and nuclear cardiology could be put in a later chapter concerned with evaluating the patient after recovery from a heart attack.

A major criticism of the book is the lack of prominence given to thrombolysis. The single most important advance in coronary care since defibrillation does not appear at all in the chapter on managing acute myocardial infarction and is tucked away at the end of a section

on unstable angina. A further problem throughout is the duplication of many topics. This is done deliberately in a long final chapter on drugs to allow easy reference to drugs in common use. There are, however, many instances where it is both unnecessary and confusing, such as the descriptions of hyperlipidaemia in prehospital care. Duplication is also caused by separating the medical and nursing aspects of care, a separation that should probably be avoided in an integrated approach.

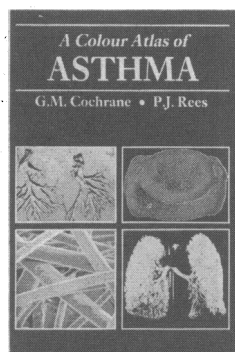
The authors clearly draw on considerable clinical experience, and one of the strengths of the book is the use of statistics from Leicester about the type of patients and the complications encountered, which more accurately reflect day to day practice in this country than the usual information from clinical trials. There are also good chapters on cardiopulmonary resuscitation and cardiac rehabilitation, both topics that are often neglected. The book is extensively referenced and makes a good source for further reading and research.

From the reaction of the nurses in my cardiac care unit I am sure that this will be a popular book. The style is a bit turgid in parts, but most of the criticisms outlined above could be rectified quite easily in the next edition. —C DAVIDSON, *consultant cardiologist, Royal Sussex County Hospital, Brighton*

## Quick flicks

### A Colour Atlas of Asthma.

G M Cochrane, P J Rees. (Pp 136; figs; colour plates; £30.) London: Wolfe Medical, 1989. ISBN 0-7234-1529-3.



Colour atlases are spreading. They started off with very visual subjects but are gradually dealing with less and less obviously photogenic topics: asthma is not inherently easy to show in pictures. In colour atlases you need to decide whether the text is to be organised around the pictures or vice versa. This one attempts a bit of both. It tries to be a well illustrated textbook but often looks slightly unbalanced because of the intrusion of interesting pictures not directly related to the text.

The basic structure of the text is sensible and comes through well. Although some growth points in research into asthma are mentioned, there is no coherent discussion of the present revolution in our understanding of the cellular basis of asthma. This is disappointing: a series of clear diagrams could be a real asset. The section on adult asthma should be the linchpin of the book, with lucid descriptions of symptoms and signs and a strong sense of the practicalities of both general practice and hospital practice. But the text merely strings a few vaguely related pictures together. The section on childhood asthma is marginally better. In the "tests" section we need a coherent analysis of current tests, graded from the most helpful to the *recherché*. Instead we get a meandering collection of photographs and diagrams. There are a few oddballs. How is "the forgotten pet" a test? Why put the allergen list for skin testing five pages away from the (inadequate) skin testing photographs? Why spend three and a half pages on a detailed allergy questionnaire without giving us the scoring system?

Radiology has a minor but useful role in asthma and is well covered. But the radiographs need to be larger with better labelling to be understood easily. The chapter on acute severe asthma is mainly pictorial with, for instance, one and a half pages on minor electrocardiographic changes and only one third of a page on how to treat this emergency. The chapter on chronic bronchitis and emphysema is visually appealing but gives almost no information on how to differentiate them from asthma—surely the chapter's main purpose. Also, I doubt if we need seven photographs of inhaled foreign bodies in a book on asthma.

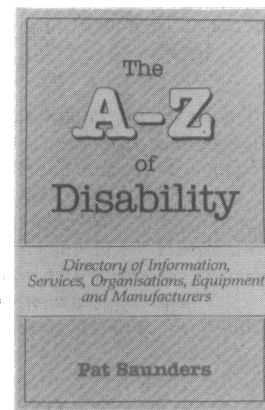
The strongest chapters are those on clinical pharmacology and delivery systems, with concise displays of considerable detail. The

book ends with treatment algorithms—well displayed but lacking some practical details.

So who is this book aimed at? It is certainly not the "unique and invaluable guide" for general practitioners and physicians proclaimed on the cover. Its accent is on simple description rather than any analysis. It is pleasant to browse through—more at home on a coffee table than in a library. Asthma in pictures is an inherently flawed idea, and it shows. Nevertheless, many doctors will learn a little from a quick flick through it. —JOHN B MACDONALD, *consultant physician, Crosshouse Hospital, Kilmarnock, Ayrshire*

## NOTED

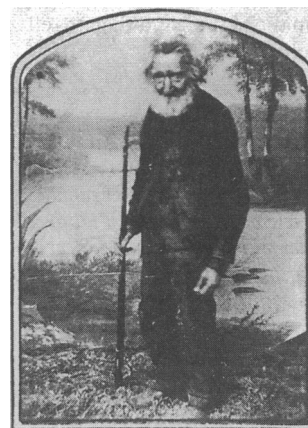
**The A-Z of Disability.** Directory of Information, Services, Organisations, Equipment and Manufacturers. P Saunders. (Pp 352; figs; £8.95 paperback.) Marlborough: Crowood Press, 1989. ISBN 1-85223-136-X.



A comprehensive directory of information, services, organisations, and equipment and manufacturers for disabled people of all ages and disabilities and their carers. Unlike many "directories" this one is also a lively and entertaining read, which makes it a particularly good book for the newly disabled person to acquire. *The A-Z of Disability* reflects the positive and humorous personality of its author, who is himself tetraplegic with the Guillain-Barré syndrome. There is a central thread of sensitive, comforting, homespun philosophy throughout that results from his experience in coping and helping others to cope with disability.

**Coldstream Cottage Hospital: One Hundred Years.** B Sproule. (Pp 44; figs; £2 paperback, plus postage.) Available from Miss M K Walsh, Coldstream Cottage Hospital, Kelso Road, Berwickshire TD13 4LQ.

Maria, Countess of Home, a woman of vision, determination, and advanced ideas, raised the money to build a hospital to serve the community of Coldstream near her borders home on the Hirsle estate. For 30 years she was its powerful advocate, and the Home family have continued to support the hospital to the present day. Dr Sproule, who was medical officer from 1951 to 1984, has drawn on the detailed minutes of the first 10 years and other material to provide this centenary tribute.



From the beginning the work of the hospital was enlightened and pragmatic: a mortuary and a laundry were provided; it was soon realised that patients with typhoid fever did not need to be isolated in the fever wards; and care of the incurably ill became an important function. Just occasionally expedience got the better of compassion: this poignant portrait of Johnny Batters, herbalist, poacher, and fisherman, records that he was "reputed to have died from shock when he was put into a bath after being admitted to Coldstream hospital." At a time when many cottage hospitals have succumbed to technological progress it is good to read of one that faces its second hundred years with optimism and enthusiasm.